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FE5AN018

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LAE OR TYPE OR PRINT ¥		mple:If typing, or the lines	type	** " *3	AFI 8: 27	
I C	ITIZENS FOR COCHRAN	, , , , , , , , , , , , , , , , , , , ,	1 1 1 1	1 1 1 1		1 1 1 1 1		1
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A.D.	DRESS (number and street)	PO BOX 7183	1 1	· · · · · · · · · · · · · · · · · · ·	<u> </u>	! ! ! ! !		
*	☐ Check if different	1	1		1 1 1	1 1 1 1 1	1 1 1 1	
L	than previously reported. (ACC)	TUPELO	!			[MS]	38802	
2.	FEC IDENTIFICATION NUM	MBER ♥	CITY A			STATE A	ZIP COE	DE 🙏 E 🖞 DISTRICT
	C00091892		IS THIS REPORT	X (N)	OR	AMEN (A)		00
4. TYPE OF REPORT (Choose One) (b) 12-Day PRE-Election Report for the:								
	(a) Quarterly Reports:	(b)	12-Day PRE	·		l		- *****
	X April 15 Quarterly	Report (Q1)	Ц	Primary (12P	L	General	L	Runoff (12R)
	July 15 Quarterly F	Report (Q2)	Ц	Convention (12C)	Special ((12S) -	
	October 15 Quarte	erly Report (Q3)	Election on				in the State	of
	January 31 Year-E	End Report (YE) (c)	30-Day POS	T-Election Rep	ort for the:			
				General (300	s) [Runoff (3	30R)	Special (30S)
	Termination Repo	rt (TER)	Election on				in the State	of
5. Covering Period 01 01 2010 through 03 31 2010								
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.								
Type or Print Name of Treasurer JOHN M. ROBINSON, CPA								
Signature of Treasurer Electronically Filed by JOHN M. ROBINSON, CPA Date Date Date								
NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.								
	Office Use Only						FEC FOR (Revised 02/2	